

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 6123

2. Fiscal Year Covered From:

1 / 1 / 2005 Through: 12 / 31 / 2005

3. Name and address of person filing.

Name William J Boarman

P.O. Box, Bldg., Room No., if any

Street 501 3rd Street, NW

City Washington

State District of Columbia ZIP Code +4 20001

4. Name, file number, and address of labor organization.

Name Communications Workers of America

Labor Organization File Number 000-188

P.O. Box, Building and Room Number, if any

Street 501 3rd Street NW

City Washington

State District of Columbia ZIP Code +4 20001

5. Position in labor organization.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code +4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

William J. Boarman

On

03/28/05
Date

202-434-1255
Telephone Number

Name of Person Filing William Boarman	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Loomis, Sayles & Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 39533 N, Woodward Ave,</p> <p>City Bloomfield Hills</p> <p>State Michigan ZIP Code + 4 48304</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name CWA/ITU NPP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 831 S. Nevada Ave.</p> <p>City Colorado Springs</p> <p>State Colorado ZIP Code + 4 80903</p>	<p>11.a. Nature of such dealing.</p> <p>Business provides investment advise and manages several kinda of investment products for the named fund.</p>
	<p>11.b. Approximate dollar value of such dealing. \$590,476</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Manager atended Board of Trustees meeting and payed for one Luneg and a dinner at which investment returns and other investment products were reviewed and discussed. Dates were 4/16/2005 and 4/19/2005.</p>
	<p>12.b. Amount. \$269</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an emp oyer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p>